

CLAIMS ONLY						Application Number	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3			1			53						
4			1			54						
5			1			55						
6			1			56						
7	1					57						
8		1				58						
9			1			59						
10			1			60						
11			1			61						
12			1			62						
13			1			63						
14						64						
15						65						
16						66						
17						67						
18						68						
19						69						
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24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32	1					82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep						Total Indep						
Total Depend						Total Depend						
Total Claims						Total Claims						